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I. INITIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT				REGION	STATE	ZIP CODE	Comments
				VI	LA	LA03026	signed by [Signature]
NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated or reevaluated from time to time as a result of additional inquiries and on-site inspections.							
GENERAL INSTRUCTIONS: Complete Sections I and II through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Team Four (EPA-873), 401 M St., SW, Washington, DC 20460.							
L. SITE IDENTIFICATION							
A. SITE NAME	B. STREET/other identifiers App. 100 yds east of River P.O. Box 488 LA 30 & LA 73 Rd. 6 1/2 mi South of LA 73						
Geismar	C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME			
LA 78074-9871	LA	70734	Ascension				
G. OWNER/OPERATOR (if known)	H. TELEPHONE NUMBER 504/387-6681						
I. NAME Borden Inc. & Uniroyal Inc. D. Slocum - Env. Coordinator							
I. TYPE OF OWNERSHIP <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN							
J. SITE DESCRIPTION Facility opened 1962. Site includes a closed landfill which was used for the disposal of construction debris and plant waste.							
J. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citation, etc.) Superfund Notification Form				K. DATE IDENTIFIED (mon, day, & year) 1979			
L. PRINCIPAL STATE CONTACT 1. NAME Karen Fisher, Joan Albritton, George Gulbett (504) 362-1216							
M. TELEPHONE NUMBER 504/342-1227							
II. PRELIMINARY ASSESSMENT (complete this section first)							
A. APPARENT LETHALITY OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MODERATE <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN							
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: July 1984 b. WILL BE PERFORMED BY: The Earth Technology Corporation							
C. SUPERFUND FILE a. IMMEDIATE SITE INSPECTION NEEDED b. TENTATIVELY SCHEDULED FOR: SEP 22 1992 c. WILL BE PERFORMED BY: REORGANIZED							
d. SITE INSPECTION NEEDED (low priority)							
C. PREPARER INFORMATION 1. NAME R. Lenhart The Earth Technology Corporation				2. TELEPHONE NUMBER 201/560-1650			
D. DATE (mon, day, & year) 7/6/84 7/5/84							
III. SITE INFORMATION							
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if "stop-gap")							
<input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes).							
<input type="checkbox"/> 3. OTHER (Specify): (Those sites that include over 1000 tons/month of wastes (i.e. "midnight dumping"), where no regular or continuing use of the site for waste disposal is observed.)							
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit ETC Code): 4953							
C. AREA OF SITE (in acres) -300							
D. IF APPARENT LETHALITY OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec) 30°12'52" N							
2. LONGITUDE (deg-min-sec) 91°01'20" W							
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Administration & Process Related Buildings							

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IV. CHARACTERIZATION OF SITE ACTIVITY					
Indicate the major site activity(ies) <input checked="" type="checkbox"/>		Details relating to each activity by marking <input checked="" type="checkbox"/> the appropriate boxes.			
A. TRANSPORTER <input checked="" type="checkbox"/>	B. STORER <input checked="" type="checkbox"/>	C. TREATER <input checked="" type="checkbox"/>	D. DISPOSER <input checked="" type="checkbox"/>		
1. RAIL <input type="checkbox"/>	1. PILE <input type="checkbox"/>	1. FILTRATION <input type="checkbox"/>	1. LANDFILL <input checked="" type="checkbox"/>		
2. SHIP <input type="checkbox"/>	2. SURFACE IMPOUNDMENT <input type="checkbox"/>	2. INCINERATION <input type="checkbox"/>	2. LANDFARM <input type="checkbox"/>		
3. BARGE <input type="checkbox"/>	3. DRUMS <input type="checkbox"/>	3. VOLUME REDUCTION <input type="checkbox"/>	3. OPEN DUMP <input type="checkbox"/>		
4. TRUCK <input type="checkbox"/>	4. TANK, ABOVE GROUND <input type="checkbox"/>	4. RECYCLING/RECOVERY <input type="checkbox"/>	4. SURFACE IMPOUNDMENT <input type="checkbox"/>		
5. PIPELINE <input type="checkbox"/>	5. TANK, BELOW GROUND <input type="checkbox"/>	5. CHEM./PHYS. TREATMENT <input type="checkbox"/>	5. MIGRATION DUMPING <input type="checkbox"/>		
6. OTHER (specify): <input type="checkbox"/>	6. OTHER (specify): <input type="checkbox"/>	6. BIOLOGICAL TREATMENT <input type="checkbox"/>	6. INCINERATION <input type="checkbox"/>		
		7. WASTE OIL REPROCESSING <input type="checkbox"/>	7. UNDERGROUND INJECTION <input type="checkbox"/>		
		8. SOLVENT RECOVERY <input type="checkbox"/>	8. OTHER (specify): <input type="checkbox"/>		
		9. OTHER (specify): <input type="checkbox"/>			

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED					
See Attachment A					

V. WASTE RELATED INFORMATION					
A. WASTE TYPE Possibly solid or sludge or both					
<input checked="" type="checkbox"/> 1 UNKNOWN	<input type="checkbox"/> 2 LIQUID	<input type="checkbox"/> 3 SOLID	<input type="checkbox"/> 4 SLUDGE	<input type="checkbox"/> 5 GAS	
B. WASTE CHARACTERISTICS					
<input type="checkbox"/> 1 UNKNOWN	<input type="checkbox"/> 2 CORROSIVE	<input checked="" type="checkbox"/> 3 IGNITABLE	<input type="checkbox"/> 4 RADIACTIVE	<input checked="" type="checkbox"/> 5 HIGHLY VOLATILE	
<input checked="" type="checkbox"/> 6 TOXIC	<input type="checkbox"/> 7 REACTIVE	<input type="checkbox"/> 8 INERT	<input type="checkbox"/> 9 FLAMMABLE		
C. WASTE CATEGORIES					
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. In state files the only landfill info. is on general facility information form for hazardous waste.					
2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present					
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT None	AMOUNT None	AMOUNT Unknown *	AMOUNT 20900	AMOUNT Unknown *	AMOUNT None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X ¹ (I) PAINT, PIGMENTS	X ¹ (I) OILY WASTED	X ¹ (I) HALOGENATED SOLVENTS	X ¹ (I) ACIDS	X ¹ (I) FLYASH	X ¹ (I) LABORATORY PHARMACEUT.
(I) METAL SLUDGES	(I) OTHER(specify): X ¹ (I) NON-HALOGENATED SOLVENTS	(I) PICKLING LIQUORS	(I) ASBESTOS	(I) HOSPITAL	
(I) POTW	(I) OTHER(specify):	(I) CAUSTICS	(I) MILLING/ MINE TAILINGS	(I) RADIOACTIVE	
(I) ALUMINUM SLUDGES		(I) PESTICIDES	(I) FERROUS SMLTG. WASTES	(I) MUNICIPAL	
(I) OTHER(specify):		(I) DYES/INKS	(I) NON-FERROUS SMLTG. WASTES	(I) OTHER(specify):	
		(I) CYANIDES	(I) OTHER(specify):		
		(I) PHENOLS	Salts, probably metallic		
		(I) HALOGENS			
		(I) PCB			
		X ¹ (I) METALS			
		X ¹ (I) OTHER(specify): Organics, Solvents			

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V. WASTE RELATED INFORMATION (cont'd)				
2. LIST SUBSTANCES OF GREATER CONCERN WHICH MAY BE ON THE SITE (place in a...-ending order of hazard).				
Heavy Metals - Arsenic, Selenium, Antimony, Mercury, Zinc, Cadmium, Copper, Chromium, Lead				
Solvents				
Inorganics - Metal Salts				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE. Much of Monocrem property became part of Borden Chemicals. The landfill may be located on Borden property.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (YES/NO)	C. ALLEGED INCIDENT (YES/NO)	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMIT ISSUED BY THE SITE:

1. NPDES PERMIT 2. SPCC PLAN 3. STATE PERMIT (specify):
 4. AIR PERMITS 5. LOCAL PERMIT 6. RCRA TRANSPORTER
 7. RCRA STORER 8. RCRA TREATER 9. RCRA DISPOSER
 10. OTHER (specify): _____

B. IN COMPLIANCE?

1. YES 2. NO 3. UNKNOWN

C. WITH RESPECT TO (1) regulation name & number)

VIII. PAST REGULATORY ACTIONS

- A. NONE B. YES (complete items below)

IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mon, day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
RCRA Inspection	4/13/83	state	Inspected as generator only - recommended consolidation w/ Borden permit activities.
Solid Waste Inspection	5/24/83	state	Some carbon black, incinerator ash, & other trash were present on-site; recommended proper disposal.

X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mon, day, & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

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ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

INSTRUCTION - This sheet is provided to give additional information in explanation
of a question on the Form T2070-2.

Corresponding Number on Form	Additional Remark and/or Explanation
IV.E	<p style="text-align: center;"><u>MONOCHEM</u></p> <p>The Monochem Landfill may be located on the Borden Chemical facility property. As of 5/26/83, the filled portion of the landfill measured 200 yards by 200 yards by five feet; approximately $\frac{1}{4}$ of the designated area was not filled. The landfill area was once a pond. The surface was reportedly graded flat and supported vegetation. The landfill contained mainly concrete, wood and steel; some carbon black and incinerator ash was also to be disposed in the landfill.</p> <p>Presently the facility generates asbestos, paint wastes, vinyl acetate, vinyl chloride and mercury sludge. All wastes are disposed off-site.</p>

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ATTACHMENT B
REJECTION FORM

HAZSIT #

SITE NAME

FORM # and
DATE COMPLETED by STATE

LA 03026 Monash

2070-2 7/2/84

LAD780747777

EXPLANATION FOR REJECTION:
(DEFICIENCIES)

Sect III (B) - N/A is not sufficient information; need to know
SIC code.

Sect II (c)(2) - Blanks for waste amt should indicate amt, unknown
or none; N/A is unacceptable.

Sect III (c) - indicate "X" for disposer

SUGGESTED REMEDY FOR
DEFICIENCIES:

SIGNATURE: Ken W. Burns
NAME OF REVIEWER

DATE: 25 JUL 84

SUPERFUND FILE

SEP 22 1992

REORGANIZED